PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10002361

		CEAINS A	Column		(Column 2)			SMALL ENTITY TYPE		ΩR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			11					RATE	FEE	1	RATE	FEE	┨
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE		1
ΤC	TAL CHARGE	ABLE CLAIMS	.]/ minus 20=		•			X\$ 9=		1	1/2/2		1
INC	EPENDENT CI	LAIMS	2 mi	inus 3 =	*					OR			1
ML	ILTIPLE DEPEN	IDENT CLAIM P	<u> </u>					X42=	<u> </u>	OR	X84=		ł
	0							+140=		OR	+280=		
- 17	•	in column 1 is	xolumn 2	•	TOTAL	370	OR	TOTAL					
	С		MENDE	NDED - PART II (Column 2) (Column 3)				CMALL	CNTITY	00	OTHER		~
<u> </u>		(Column 1) CLAIMS		(Colur HIGH		(Column 3)	1 1	SMALL		OR 1	SMALL		ľ
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 20	Minus	2	0	= '.		X\$ 9=	100	OR	X\$18=	166	ST.
	Independent	• 3	Minus	*** 3	- 2	=		X42=		OR	X84=		
L	FIRST PRESE	!	+140=		OR	+280=		AVAILAB					
							L	TOTAL			TOTAL		\geq
		(Column 1)		(Colum	nn 2)	(Column 3)	A	VDDIT. FEE		Un	ADDIT. FEE		5
AMENDMENT B		CLAIMS		HIGH	EST	(Column 3)	1 г		ADDI-	1 1		ADDI-	B
		REMAINING AFTER AMENDMENT		PAID	USLY	PRESENT		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		Ó
ME	Independent	.	Minus	***		=	 	X42=	,	OR	X84=		2
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			`
								+140=		OR	+280=		
•								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		l
		(Column 1)		(Colun		(Column 3)		•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
WQ2	Total ·	*	Minus	**		=		X\$ 9=		OR	X\$18=		i.
ME	Independent	*	Minus	***		=		X42=			X84=		
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT		╽┠			OR		<u>.</u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." ADDIT. FEE									OR ,	TOTAL ADDIT. FEE			
		ber Previously Pai					r four	nd in the app	ropriate box	in cot	umn 1.		